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A message from Dr Chaand Nagpaul, Chairman of the General Practitioners Committee

It is an honour and privilege to write to you as the newly elected chairman of the BMA's General Practitioners Committee (GPC). I feel immensely proud to represent over 40,000 hard-working and dedicated GPs across the United Kingdom, whose practices form the bedrock of the NHS in providing personalised care to 1 million patients every day. I wish to set out my priorities and approach from the outset, in how I believe that GPC can best shape the future of general practice in the interests of both GPs and patients, and to also show how I hope GPC can work more closely with the profession.

We know that UK GPs provide extraordinary care. This is highlighted in the latest Commonwealth Fund comparative studies of health systems across the world. The UK came top across a range of indicators, including same or next day access to a clinician, patient engagement in the management of chronic diseases and access to out-of-hours care without needing to attend A&E departments. And we do all this on a modest investment of less than 10% of the NHS budget.

Yet the value we bring is being undermined. Rather than celebrating the success of UK general practice, it is utterly disheartening that GPs have instead endured continued media and political assault, misrepresenting our professionalism and commitment and illogically scapegoating us for problems in other parts of the NHS, such as accident and emergency waits.

Furthermore, general practice is experiencing progressive disinvestment – a year-on-year reduction as a proportion of total NHS spend. Paradoxically, this is while we are also being expected to take on significant additional work and, in England, dealing with the aftermath of an unnecessary and wholesale NHS reorganisation. It is therefore no surprise that the profession feels devalued and demoralised.

## Making the case for general practice

Now, more than ever, we must make the case for general practice to show how remarkably effective – and cost-effective – it is. I will aim to forge a renewed relationship with government, demonstrating how investing in general practice is key to managing escalating pressures in an NHS increasingly beleaguered by austerity measures. The government would be unwise to lose the support of the profession at a time when many of its key health policies, including moving care into the community and the development of clinical commissioning, fundamentally depend upon the engagement and commitment of GPs.

Looking to the future, demographic changes and changing patterns of care will create new and additional demands for general practice. I firmly believe that GPs can meet this challenge but it simply cannot occur without a significant expansion of general practice premises as well as of GPs, practice nurses and other staff. We need to persuade the government of the value of this 'invest to save' strategy, confident that a modest investment in general practice will deliver far greater cost efficiencies for the NHS as a whole.

In the autumn, we will publish an outline vision of how we think general practice could be developed to enable it to provide solutions to many of the challenges facing the NHS. We will be seeking your input to hone this document into a blueprint for our future. I want to restore the pride and sense of vocation that drew us to become GPs, to ensure we can provide the best care for our patients and that general practice remains a rewarding and attractive career option.

## Managing the immediate pressures on workload

Right now, we are at a critical point where many GPs are working above full capacity, with increased numbers of consultations of magnified intensity and complexity, and an unrelenting volume of new work, often with no additional resource. We must therefore address the immediate problems of excessive workload. Pushing GPs beyond breaking point is not good for patients, not good for the NHS and cannot be good for government.

Workload pressures are an issue across the UK, and the changes in QOF and particularly those imposed in England this year have resulted in indicators that force us to spend time ticking boxes during consultations at the expense of directly attending to patients' needs. The extra appointments generated by chasing targets and ever-increasing thresholds are undoubtedly resulting in reduced access to routine care. Sadly, a high QOF score can no longer necessarily be seen as a sign of quality.

With 2014-2015 contract negotiations just about to get underway, GPC will argue for the removal of elements of the QOF that do not benefit patients, the removal of bureaucratic and non-evidence based demands on our time and to reduce our workload to manageable levels. Meanwhile, I would urge all practices to use our GP contract survival guide (bma.org.uk/gpsurvivalguide), to make informed decisions regarding competing pressures and options.

To support these early talks, we will shortly be emailing all GPs in England a brief survey to provide us with a snapshot of workload pressures caused by the contract imposition. At a local level, it is also important that you work with your LMC and CCG to challenge inappropriate workload. Undertaking additional work that is not resourced hugely diminishes our ability to meet the core care needs of all our patients.

## Informing and engaging all GPs

A key factor determining our ability to achieve our aims is ensuring more GPs are well informed and engaged in our work. We will be providing you with more news, more resources and more opportunities to shape policy and have your say – directly and via your LMC. In conclusion, I sincerely hope that government will see the mutual benefit of recognising the immense value of GPs; working with us to maximise quality of care to patients and to enable the NHS to deliver to its fullest potential. I can assure you that I, my negotiating team and the GPC will collectively do our utmost to represent the best interests of GPs, general practice and, of course, our patients.

Yours sincerely

Dr Chaand Nagpaul

**Chairman, General Practitioners Committee**